



CULLMAN
REGIONAL

PHYSICIAN'S ORDERS

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ☐

Liver Biopsy Order Set **Dr. Charles Bluhm Dr. David Landy**

Pre-Op:

1. After procedure is explained to patient by MD, have permit signed for liver biopsy.
2. Review and document informed consent with patient prior to signing and call physician if any unanswered questions.
3. Labs: PT, PTT, PCV, Platelet count on chart prior to biopsy.
4. IV Normal Saline to KVO morning of test.
5. Discontinue IV after 24 hours if placed only for liver biopsy.

Post-Op:

1. Vital signs q 15 minutes x 4, if stable q 1 hour x 4, if stable q 2 hours x 4.
2. Right lateral decubitus position x 2 hours and bed rest for 4 hours.
3. Call physician if systolic BP < 90 or pulse > 120, complaints of shortness of breath or abdominal pain.
4. NPO except liquids x 2 hours (includes ALL tube feedings).

MD Signature: _____ **Date & Time:** _____

Please use Ball Point Pen ONLY

DO NOT USE: U IU QD QOD MS MSO4 MgSO4